



School: _____ Coordinator: _____

Student Information

Name: _____ Student ID: _____
Address: _____ Home Language: _____
Grade: _____ Homeroom Teacher: _____ Date of Birth: _____
IEP: __ Yes __ No Headstart: __ Yes __ No TANF Case #: _____

Pick-Up Information

Please check all options that apply:

☐ My child may be picked up by any of the following people:

Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

☐ My child may walk home alone at _____ (time) unless otherwise specified.

Contact Information

Parent/Guardian Name: _____ Cell Phone: _____ Work Phone: _____
Home Phone: _____ Email: _____
Emergency Contact Name: _____ Cell Phone: _____ Work Phone: _____
Home Phone: _____ Email: _____

Release Information

I agree to the following terms:

I hereby give permission for my child to participate in afterschool activities sponsored by DCPS.

I agree to pay the required co-payment for afterschool programming.

I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name.

I allow participating Community-Based Organizations and Neighborhood-Based Organizations to access my child's education records in order to help provide the most effective and comprehensive academic support.

Parent/Guardian Signature: _____ Date: _____

For Official Office Use Only:
Verification
Coordinator Checklist

☐ Income Verification ☐ Relationship
☐ TANF Record (if applies)

DCPS Student Enrollment Form for DCPS Afterschool Programming, page 2

Names of All Children in the Family Who Participate in DCPS Afterschool Program

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Names of Other Children in the Immediate Family Who Are Not in the DCPS Afterschool Program

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Parent/Guardian Information

DCPS must collect this information for federal reporting purposes.

- ☐ My child lives with one parent/guardian (mother):_____ (name)
- ☐ My child lives with one parent/guardian (father):_____ (name)
- ☐ My child lives with two parents: _____ (names)
- ☐ Check here if your child is a DCPS student and you provided residency verification in order to enroll your child in school.

I certify that proof of the income eligibility of the parent or parents with whom my child lives is included with this enrollment packet.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Co-Payment Agreement Form

Assistance levels are determined using a formula based on family size, family income, and the Federal Poverty Level. Depending on your family income, you may be responsible for a co-payment.

If the co-payment options are different for multiple children (i.e. one child may have special needs while another does not), please make copies for each child. If all children fall under the same category then one form will be sufficient.

Child _____ Grade _____ or ☐ All Children

Please select all of the following that may apply:

- ☐ I am a TANF-eligible parent or guardian.
- ☐ My child is enrolled in Twenty-First Century CLC Programs.
- ☐ My child is a foster child.
- ☐ My child has an IEP that includes special designations for out-of-school time.

Please submit necessary **documentation to support any of the above statements.**

To demonstrate TANF-eligibility, a parent/guardian must produce *either*:

- A letter with the child's name listed from the TANF worker, *or*
- An Automated Client Eligibility Determination System (ACEDS) printout (active case with the child's name listed)

The Individualized Co-payment Plan (ICP)

Please complete the attached worksheet with the help of your afterschool coordinator. You must provide proof of income to accompany this worksheet.

The following are the *only* forms of documentation that will be accepted:

- A letter from your employer
NOTE: This is acceptable only if you have a new job, or are employed as a domestic employee and do not receive pay statements. The letter must specify hours of work and salary;
- Copies of the last 3 pay stubs for every adult in the household
- If you are self employed only, a copy of your most recent tax return (and all schedules)

☐ I do not wish to apply for a reduced co-payment and agree to pay the standard \$5 dollars per day for my child.

Parent/Guardian: _____

Date: _____

Coordinator: _____

Date: _____

STANDARD FEE CO-PAYMENT SCHEDULE

DISTRICT OF COLUMBIA PUBLIC SCHOOLS AFTERSCHOOL PROGRAM 2009/2010

PLEASE BRING IN THIS FORM AND HAVE YOUR AFTERSCHOOL COORDINATOR FILL IT OUT WITH YOU!

I have enrolled my child in the DCPS Afterschool Program and will pay the following amount for the year's schedule per child.

<u>Days of Aftercare per Month</u>		<u>Standard \$5/day Payment</u>
August:	1	\$5
September:	20	\$100
October:	19	\$95
November:	18	\$90
December:	13	\$65
January:	17	\$85
February:	18	\$90
March:	17	\$85
April:	18	\$90
May:	19	\$95
June:	13	\$65
<hr/>		
Total:	173	\$865

Co-Payment Info

Payments are due in advance on the last Friday in which school is in session each month. You may pay for multiple months combined if you would like to do so.

The **only** accepted methods of payment are certified check and money order. Please make all payments out to **DC Treasurer**, as no other recipients will be accepted. **CASH IS NOT ACCEPTED.**

Parent's Signature: _____

Date: _____

REDUCED FEE CO-PAYMENT SCHEDULE

DISTRICT OF COLUMBIA PUBLIC SCHOOLS AFTERSCHOOL PROGRAM 2009/2010

NOTE: THE AFTERSCHOOL COORDINATOR AT YOUR SCHOOL CAN ASSIST IN COMPLETEING THIS FORM.

I have enrolled my child in the DCPS Afterschool Program and will pay the following amount for the year's schedule per child.

Parent's Name: _____ Income: _____

Child 1: _____ Reduced Fee: _____

Child 2: _____ Reduced Fee: _____

Total Daily Fee: _____

<u>Days of Aftercare per Month</u>		<u>Reduced Payment</u>
August:	1	\$_____
September:	20	\$_____
October:	19	\$_____
November:	18	\$_____
December:	13	\$_____
January:	17	\$_____
February:	18	\$_____
March:	17	\$_____
April:	18	\$_____
May:	19	\$_____
June:	13	\$_____
<hr/>		
Total:	173	\$_____

Payments are due in advance on the last Friday in which school is in session each month. You may pay for multiple months combined if you would like to do so. The **only** accepted methods of payment are certified check and money order. Please make all payments out to **DC Treasurer**, as no other recipients will be accepted. CASH IS NOT ACCEPTED.

Parent's Signature: _____ Date: _____

Office of Out-of-School Time
825 N. Capitol Street N.E. 8th Floor
Washington, DC 20002
202-442-5002
OutofSchoolTime@dc.gov

FERPA LETTER – Must be signed in order for your child to be enrolled in the DCPS Afterschool Program for the 2009-2010 school year.

Dear Parents/Guardians,

In an effort to serve your child better in our afterschool program,

_____ School wants to ensure that our program meets your child's academic needs. In order to tailor the program to his/her needs, the Afterschool Coordinator is seeking your approval to access important student data. Under the Family Educational Rights and Privacy Act (FERPA), parents have the right to protect their child's educational record. By signing below, you are giving

_____ (Afterschool Coordinator's name) access to student demographic data, test scores, and quarterly grades and are giving afterschool providers at

_____ School the right to receive those data from the Afterschool Coordinator. The release of this information ensures that afterschool providers in our school can meet your child's needs by cultivating his/her strengths and by identifying and working to improve his/her specific areas of weakness. The afterschool providers' staff have been trained, have signed confidentiality agreements, and know the importance of your child's privacy.

_____ I **allow** the Afterschool Coordinator at the above named school to access my child's demographic data, test results, and quarterly grades and to give those data to afterschool providers' staff for purposes of academic enrichment.

_____ I **do not allow** the Afterschool Coordinator at the above named school to access my child's demographic data, test results, and quarterly grades.

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Printed Child's Name